



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Ennis Adult Residential
Name of provider:	RehabCare
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	10 November 2021
Centre ID:	OSV-0002644
Fieldwork ID:	MON-0034824

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

In this designated centre, a residential service for four adults with a diagnosis of an intellectual disability and-or autism is provided. The centre comprises of one house located in a residential neighbourhood of a large town. Transport for residents to access their local community and, their day service is provided. Three residents live in the main house and each resident has their own bedroom. Residents share the communal space and two residents share the main bathroom. One bedroom has a full ensuite facility. The house has an annexed apartment where a semi-independent living arrangement is facilitated for one of the four residents. The apartment provides all of the facilities needed by the resident. Three residents attend off-site day services Monday to Friday and, an integrated type service where day service staff attend the designated centre, is provided for the fourth resident. The model of care is social and, given the assessed needs of the residents a minimum of two staff are on duty at all times. A waking staff member and, a sleepover staff member are on duty at night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 10 November 2021	9:30 am to 4:30 pm	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was undertaken to assess the provider's compliance with Regulation 27: Protection against infection. This inspection found the provider had adopted and implemented procedures consistent with *the National Standards for infection prevention and control in community services* (2018) and, these procedures were part of the daily management and routines of this centre. Some minor improvements were needed, some of which the provider itself had identified prior to this inspection. While on site, the inspector did follow-up on the actions that had issued in relation to improving fire safety from the last inspection of this centre. This element of the inspection is addressed in the action plan at the end of this report.

The inspector found evidence of improved governance and oversight and improved systems for reviewing the quality and safety of the service including infection prevention and control practice. It was evident that management and staff had a shared commitment to safeguard residents in this centre from the risk of preventable infection and were proactive in this regard. For example, the person in charge had attended a HIQA (Health Information and Quality Authority) information session for providers on the commencement of these inspections. The person in charge had a centre specific action plan in process based on the learning gained from that session. The provider had also arranged for a Regulation 27 focused review of the service to be completed. The findings of this review reflected the proactive action taken by the person in charge. All staff working in the centre had completed the suite of infection prevention and control training specified by the provider and understood their infection prevention and control responsibilities. All staff and residents had availed of vaccination. Collectively these arrangements safeguarded residents and staff in this centre from the risk of preventable infection. For example, there has been no outbreak of COVID-19 in this centre.

Four residents live in this designated centre. Residents presented with a diverse range of needs and abilities including their ability to understand the risk of and to protect themselves from the risk of infection. Also, resident quality of life and their psychosocial well-being had the potential to be significantly impacted by the fluctuating restrictions that were needed to manage the risk of COVID-19. The inspector found that the provider had arrangements that were consistent with the National Standards and public guidance but also reflected and responded to the needs of the residents.

For example, all four residents had an established routine of going home to family at regular intervals. The person in charge confirmed that in collaboration with families this had continued. The inspector saw that the process of risk assessment and the implementation of controls ensured that these home visits and access to off-site day services were safely facilitated. One resident had found the risk posed to them by COVID-19 very difficult and this had exacerbated existing worries and anxieties. The person in charge described to the inspector how staff, supported by the multi-disciplinary team (MDT), had worked with the resident so that the resident was

slowly re-engaging with community based activities and services.

One resident was at home with family on the day of inspection so the inspector met and engaged with the remaining three residents. Residents did not in the context of their disability provide direct feedback to the inspector on what life was like for them in the centre, what the support they received was like or how safe and protected they felt from the risk of infection. One resident gave a brief smile and one resident just said hello. The inspector noted that residents were comfortable in their home and, with the staff on duty. For example, one resident turned on the television themselves and went to the kitchen to get themselves a snack. The resident by purposeful word or gesture communicated to staff what they wanted and staff readily interpreted what was requested. Two residents accompanied by staff, left to go for a walk in the afternoon. Both residents presented as happy to go and to go together. One resident was noted to be wearing their favourite shoes as described in their support plan. Staff were seen to complete a routine clean of the service vehicle on their return.

The third resident engaged briefly with the inspector. The resident presented as in good form and said that they were fine. The resident discussed their visits to home and how much these were enjoyed.

Notwithstanding any limitation on resident ability to understand, the person in charge described how staff used a suite of social stories (a learning tool used to describe and promote resident understanding of topics and events) to communicate a range of topics such as what COVID-19 was, vaccination, staying safe, having worries and the importance of good hand-hygiene. There was evidence of good, innovative, collaborative practice. For example, one resident had severe anxiety in relation to attending their general practitioner (GP). The GP had come to the centre to introduce themselves and to meet with the resident. The resident was reported to have since willingly attended their GP and to have availed of vaccination.

Three resident representatives provided feedback to HIQA on their experience of the service; this feedback was very positive. Representatives reported that they were consulted with, could express their views and were listened to. Staff were described as courteous, professional and invested in achieving positive outcomes for residents. The centre was described as happy and safe; a place that residents were content to return to following visits to home. Representatives saw and acknowledged the positive impact of the MDT input into the support and care provided. The annual service review completed by the provider had also actively sought feedback from representatives and this feedback reflected the positive feedback provided to HIQA.

The person in charge confirmed that there were no restrictions on visits to the centre other than requesting visitors to comply with controls such as performing hand hygiene. There was clear signage for visitors advising them of this. The person in charge advised that keeping such signage in place could be problematic as one resident liked to remove it. Weekly audits identified any signage that needed to be replaced. Signage was used in a purposeful and centre specific way to promote consistent practice. For example, signage on the back of the front door acted as a

prompt for staff to check their temperature prior to completing their work shift.

The premises was visibly clean. The person in charge confirmed that one quality improvement action had been the completion of a recent deep clean. There were detailed cleaning schedules to guide staff on what was to be cleaned and how often items were to be cleaned. For example, whether this was daily, as needed or frequently each day. Staff had a range of domestic type cleaning products available to them and used a colour coded system of cleaning. Staff described how they managed resident's personal laundry on an individualised basis. Staff confirmed that they had access to water soluble bags if needed for example, if linen was considered soiled or possibly infected. The inspector could see the improvement works completed based on the action plan compiled by the person in charge. For example, the shared bathroom had been fully refurbished. One resident's bedroom had been fully redecorated in consultation with the resident and, their representative.

However, there were works outstanding and these had the potential to compromise infection prevention and control practice. For example, the kitchen counter-top had some visible damage and the finishing seal on the ground floor timber floors was eroded in places. Straps were used to hold the tops of toilet cisterns in place (in response to behaviour); this was not the most conducive intervention in the context of effective cleaning particularly given the shared nature of the bathroom.

The provider remained vigilant to the risk of possible future outbreaks and had plans for responding to such events. These plans were better than those seen on the last HIQA inspection but while improved there was scope to improve them further. For example, while domestic type premises such as these present practical challenges, the inspector was not assured by the arrangements in the plan for staff to isolate, or for putting on and taking off PPE (Personal Protective Equipment) in the event of an outbreak.

The next two sections of this report will describe the governance and management arrangements in place and, how these arrangements ensured and assured the quality and safety of the service provided to residents by ensuring good compliance with Regulation 27: Protection against infection.

## Capacity and capability

The inspector found the leadership, governance and, management needed to ensure good compliance with Regulation 27: Protection against infection. It was evident from these inspection findings that protection against infection was part of the daily operation and oversight of the service and was seen as a shared responsibility by management and staff.

For example, the person in charge assumed local responsibility and accountability for the implementation and oversight of infection prevention and control measures. As described in the opening section of this report the person in charge was

proactively seeking to continuously improve the quality and safety of the service. The person in charge had developed and was progressing an infection prevention and control quality improvement plan. On a day-to-day basis the person in charge was supported to manage and oversee the service by the team leader. The provider had, since the last HIQA inspection made this a full-time role thereby strengthening the governance arrangements in this service.

The person in charge confirmed that she had access to advice as needed from her line manager and from the centralised COVID-19 response committee. This resource was appropriately utilised for advice and support. For example, the person in charge described the process of case management that had taken place when residents had been accidentally exposed to COVID-19. The person in charge had also sought advice on the provision and maintenance of certain bathroom fittings where permanent fittings more conducive to cleaning were not possible due to the risk to resident safety that they presented.

The person in charge was very clear on where to access the most up to date infection prevention and control records. The person in charge was cognisant of the evolving nature of national and provider policy and described how this had led to copious hard copies of guidance being held in the centre and available to staff. Staff were directed to a shared central site where the most up to date policy and guidance was stored. Records were available to staff and to the inspector in the centre. For example, there was clear guidance for staff on the immediate actions to be taken in the event of a suspected outbreak including who to contact and seek advice from. Each folder of records directed staff to the location of other relevant records such as, where to find national infection prevention and control policy (this was current), local procedures or, the contingency plans for responding to a possible outbreak.

However, the inspector did see that some local procedures did not reflect current infection prevention and control guidance or, practice in the centre. For example, the procedure on the use of PPE did not reference the use of face masks by staff on a day-day-basis.

While the emphasis was on prevention, the provider continued to be aware of the possible risk of outbreaks. The provider had plans for ensuring the continuity of the service and for the isolation of staff and residents if needed. These plans had been reviewed and were improved on those seen during the last HIQA inspection. For example, the revised plans provided for the transfer of residents to an isolation unit if this was the best and safest option for them. However, there was scope for further improvement. For example, in relation to reviewing the arrangements specified in the plan for staff to put on and take off PPE. One possible arrangement in the plan was for staff to take off potentially contaminated PPE in the upstairs storeroom. However, this room currently held stocks of fresh PPE. In addition, if staff became ill on duty the plan advised them to isolate in the staff office. This could pose other risks such as the inability of other staff to access the office in the event of an emergency and the challenge of a deep clean of the room post isolation. Better detail was also needed in the plan of the cleaning regime to be carried out in the event of an outbreak where bathroom facilities were shared. A practical



simulation of the different scenarios outlined in the plan would have possibly highlighted to staff how the plans could be improved. For example, the plan did not include the use of a face mask by residents to reduce the risk of transmission if it was necessary for them to move from one area of the house to another. On discussing the plans with staff it was evident that most residents would be able to tolerate a face mask for short periods such as this.

The observed staffing levels were as set out in the statement of purpose and function and were suited to the number and the assessed needs of the residents. Staffing levels also promoted the individuality of the service. For example, on reviewing the staff rota the inspector saw that three staff were regularly on duty when all four residents were in the house. This meant that some residents could go out if they wished, while a staffing presence was also maintained in the house if a resident choose to remain in the house. The person in charge was satisfied that the staffing levels facilitated staff to undertake infection prevention and control duties such as the enhanced frequency of cleaning. Contingency plans addressed the possible requirement for additional staff and the redeployment of staff in the event of an outbreak.

The provider had agreed and prescribed for staff the minimum range of infection prevention and control training they had to complete. This training included hand hygiene, infection prevention and control, standard and transmission based precautions and how to correctly put on and take off PPE. The person in charge monitored staff attendance at this training and training records seen by the inspector indicated all staff had completed this training. In addition, a large number of staff had completed a training module facilitated by HIQA on Regulation 27 and *the National Standards for infection prevention and control in community services (2018)*. The practice observed by the inspector was in line with national and local guidance. For example, staff were seen to maintain a safe physical distance from each other. Staff were observed to wear their face masks at all times and to complete the specified frequent cleaning. Staff readily retrieved the personal protective equipment (PPE) that would be needed in the event of suspected or confirmed COVID-19. The pack contained the correct level of PPE as advised in national guidance.

In addition, the inspector saw that infection prevention and control was a standing item for discussion at staff meetings. These meetings were regular and there was a good staff attendance at them. Discussion included any changes in policy and reiteration of standard and transmission based precautions in the daily routines of the service.

The provider had a range of systems in place for reviewing and assuring itself of the quality and safety of the service. These systems had been amended to include infection prevention and control measures and practice. For example, a weekly COVID-19 specific audit had been introduced, the person in charge completed monthly audits and the annual review and the six monthly reviews specified in the regulations were also completed. The most recent six monthly review had incorporated a specific Regulation 27 section based on the HIQA assessment framework for these inspections. The inspector found that these different reviews

worked well together and, as stated above there was a quality improvement plan in process. There was evidence of improvement brought about by these internal reviews such as the ample provision of pedal operated bins, premises improvement works and signage to prompt and remind staff to complete hand hygiene and check their temperature.

## Quality and safety

Some improvement was needed to ensure all records were in line with policy and to ensure the provider's contingency plans made best use of the facilities available so as to contain and prevent the spread of infection. Overall however, the inspector found residents were safeguarded from the risk of infection by the evidence based arrangements put in place by the provider. For example, residents were supported by a regular team of staff who had all completed the training specified by the provider. Infection prevention and control practice was regularly reviewed and review sought to ensure consistent practice but also to bring about improvement. The arrangements in place in the centre took into consideration each residents ability to understand the risk of infection and, to keep themselves safe from the risk of infection.

For example, as discussed in the opening section of this report while there were challenges, staff continued to discuss with and explain to residents topics such as hand hygiene and how a test for COVID-19 was performed. The person in charge confirmed that residents were reminded and actively supported by staff to perform hand-hygiene as needed and regularly throughout their day.

Throughout the current pandemic the provider had, following an assessment of risk, ensured that residents could safely access their off-site day service as this was critical to their overall well-being. This was in line with national guidance. A range of measures had been implemented to prevent the risk of infection such as the creation of pods to prevent crossover between different services and different staff teams. Where the risk of infection and developing ill-health had exacerbated pre-existing anxieties, residents received therapeutic support and were slowly re-engaging with community based services. As referred to in the opening section of this report access to family and home had been facilitated at all times.

The provider remained vigilant to the risk of infection and a range of risk assessments informed practice and the routines of the service. For example, there were general and individualised risk assessments and reasonable controls for accessing community based services both indoors and outdoors, for visits to home and visits to the centre.

The person in charge confirmed that while residents may be at risk of infection they were not at increased risk. For example, there were no identified underlying medical conditions or prescribed treatments that would have increased the risk to residents. Residents were of a younger age profile and generally enjoyed good physical health.

The inspector saw that the personal support plan included an assessment of any healthcare needs and the care to be provided to ensure residents enjoyed the best possible health. For example, there were plans to promote good nutrition. The person in charge said and records seen confirmed that residents had good and regular access to the services and clinicians that they needed such as their GP, psychiatry, behaviour support, speech and language therapy and occupational therapy. Each resident had a "hospital passport" in the event that admission to hospital was needed. This record contained the information that the admitting facility would need such as how the resident communicated and any support they needed for example, in meeting personal care needs. The person in charge hoped to develop these passports further by establishing where possible resident preferences and wishes in the event of ill-health. Staff monitored residents each day for possible signs of infection. When concerns arose, these were identified, managed, documented and controlled in a timely and effective manner. For example, referral for COVID-19 testing.

The premises was homely, welcoming and visibly clean. A recent deep clean had been completed and a schedule of cleaning had been implemented. The schedule specified for staff what was to be cleaned, how it was to be cleaned and, how often an item or area was to be cleaned or cleaned and disinfected. Staff used a range of domestic type products for cleaning and disinfecting. The quality improvement plan put in place by the person in charge had resulted in the deep clean and the refurbishment of areas of the house such as the main bathroom. However, the inspector noted that further refurbishment works were needed as defects seen by the inspector potentially compromised the effectiveness of cleaning. For example, the surface of the kitchen work-top was not intact in places and the seal on the ground floor timber floors was worn in high traffic areas. There were straps in place securing the lids of toilet cisterns. These were not ideal as again, they may compromise the effectiveness of cleaning. The surface of a tap in the ground floor bathroom used by staff was corroded and needed to be replaced.

## Regulation 27: Protection against infection

The provider had adopted and implemented procedures consistent with *the National Standards for infection prevention and control in community services (2018)* and these procedures were part of the daily management and routines of this centre. However, the inspector found some local procedures did not fully reflect national infection prevention and control practice or, practice in the centre. These procedures needed to be reviewed and updated. While the contingency plans for responding to a possible outbreak were better, there was scope to improve them further. For example, the inspector was not assured by the arrangements specified in the plan for staff to put on and take off PPE. Better detail was needed in the plan of the cleaning regime to be carried out in the event of an outbreak where bathroom facilities were shared. A practical simulation of the different scenarios outlined in the plan would have possibly highlighted to staff how the plans could be improved.

Refurbishment work had been completed on areas of the premises to better support infection prevention and control. However, the inspector noted that further works were needed as defects seen by the inspector potentially compromised the effectiveness of cleaning. For example, the surface of the kitchen work-top was not intact in places and, the seal on the ground floor timber floors was worn in high traffic areas. There were straps in place securing the lids of toilet cisterns. These were not ideal as again, they may compromise the effectiveness of cleaning. The surface of a tap in the ground floor bathroom used by staff was corroded and needed to be replaced.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

While this inspection was undertaken to assess the provider's compliance with Regulation 27: Protection against infection, the inspector followed up on the actions that had issued from the last HIQA inspection in relation to Regulation 28: Fire precautions. These actions were satisfactorily addressed. The inspector saw that a key to access the annexed apartment from the outside was available to staff in the emergency key box and its availability was referenced in the resident's emergency evacuation plan. A simulated evacuation drill to test the ability of two staff to evacuate all four residents had been completed and was reported by staff to have been successful and efficient.

However, a review to assure the functionality and integrity of fire resistant door sets was required. For example, there was an evident gap under one door and fire resistant repairs were needed where locks had been changed or removed from doors and door frames. Privacy locks for residents were provided on these doors but staff had to access different keys for different locks. This could result in unintended delay in the event of an emergency; a reasonable control would be the provision of a master key.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Ennis Adult Residential OSV-0002644

Inspection ID: MON-0034824

Date of inspection: 10/11/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A full review of local procedures and contingency plans were completed by PIC on 17.11.2021 including where staff put on and take off PPE and where the staff safe zone is located. A walk through simulation was completed in the service on 17.11.2021 and a cleaning schedule has been completed in the event of an outbreak, additional bins have been purchased and additional information has been added to the isolation plan, for example, the use of face masks for the residents whilst transitioning in between rooms in the service during an outbreak.</p> <p>Works required to be completed to the kitchen work-tops, the seal on the timber floors, the straps in place securing the lids to the toilet cistern and the bathroom tap have been included in the infection prevention and control action plan already in situ in the service. They have also been addressed with Newgrove housing. A schedule for these works is in place and will be completed by 31.01.2022.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A full review of the functionality and integrity of fire resistant doors will be completed on 08.12.2021 by the service's fire safety company. Required updates and repairs that are identified in this review will be completed by 08.01.2022.</p> <p>A locksmith completed a review of all privacy locks for residents on 17.11.2021 where the PIC requested a master key for all privacy locks. These works will be completed by</p>	

08.01.2022.



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/01/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	08/01/2022